

CLAIMS ONLY							Application Number <b>10/625501</b>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1							51				
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50							100				
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				

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Total Indep									
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Total Indep	6					
Total Depend	48					
Total Claims	54					